

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 30 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000006

1. Entity Name  
JNP, LLC

*mf 4/12*

Principal Place of Business: 9016 Bay Dr. Surfside FL. 33154  
Mailing Address: (Same)

2. Principal Place of Business: Suite, Apt. #, etc. 9016 Bay Drive Surfside FL  
3. Mailing Address: Suite, Apt. #, etc. 9016 Bay Drive Surfside FL

4. FEI Number: 65-0982155  
5. Certificate of Status Desired:  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
James N. Prattas (James N. Prattas) MGR  
9016 Bay Drive  
Surfside, FL. 33154

7. Name and Address of New Registered Agent  
Name: Same  
Street Address (P.O. Box Number is Not Acceptable):  
City: FL Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
SIGNATURE: James N. Prattas DATE: 3/14/2000

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

900003213379--6  
-04/18/00--01108--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James N. Prattas (ERROR) pp. 9016 Bay Dr. Surfside FL. 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James N. Prattas MGR 9016 Bay Dr. Surfside FL. 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: James N. Prattas MGR DATE: 3/13/2000

CR2E083 (11/99)